

Volunteer/Actor Waiver Form

On behalf of the New Hampshire Bureau of Emergency Management, we thank you for volunteering to be an exercise actor for the New Hampshire Statewide Exercise. The event is scheduled for Saturday, April 14, 2007. You are to report to the Student Center at the NHTI Campus at 9:00am.

Exercise Overview

You will be participating as an actor/victim during the exercise.

You will be given an orientation to the exercise, the type of victim you should simulate will be based on the instructions that you receive and what actions are expected of you. If at any time you feel ill, injured or otherwise uncomfortable with the exercise or your participation in it, please notify us immediately. Reasonable and customary safety measures will be taken to try to prevent injury or harm to participants. Questions are welcome.

Refreshments will be available to you. Restrooms will also be available for your convenience.

Participants under 18 must obtain written permission from their parent or guardian to participate in the exercise.

STATEMENT OF RELEASE/HOLD HARMLESS

I {Participant Name Please Print} _____ agree to participate in the New Hampshire Statewide Exercise on Saturday, April 14, 2007. I am in good mental and physical health. I release and will hold harmless the State of New Hampshire, NH Technical Institute, local government agencies, and EG&G Inc. and their officials, agents, employees, and sub-contractors involved in this exercise from all liability for injury or property damage arising in connection with the exercise. If I am signing as a parent or guardian of a participant, I have read this form, consent to the minor's participation in the exercise, agree to the foregoing release, and agree for myself and the participant to hold such parties harmless as stated above.

Participant Signature: _____ Date: _____

Name of Parent/Guardian (if participant is under 18 – Please Print) _____

Signature of Parent/Guardian: _____ Date: _____